

FOR NDF USE ONLY	
State Priority Number:	
Dollar Amount Requested:	\$ 0
Matching Share:	\$ 0

2006 Wildland Urban Interface Grant Application

1	Applicant Information	
	Applicant:	
	Contact Person:	
	Address:	
	City/Zip Code:	
	Phone (Work/Cell):	
	Email:	
	Fax:	
	Federal Tax ID #:	

2	Community At Risk Information							
	Name of Project:							
	Community Name:							
	County:				Congressional District:			
	Latitude (decimal degrees):				Longitude (decimal degrees):			
	Threat Description (check all that apply)							
	Homes:	<input type="checkbox"/>	Number of:		Infrastructure:	<input type="checkbox"/>	Estimated value of:	
	Businesses:	<input type="checkbox"/>	Number of:		Economic Viability:	<input type="checkbox"/>	Estimated value of:	
	Watersheds:	<input type="checkbox"/>	Number of:		Historic Structures:	<input type="checkbox"/>	Number of:	
	Other (Describe):							

3	Requested Grant Amount / Project Description	
	All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
	Dollar Amount Requested: \$	Projected Match: \$
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)		

4	<p align="center">Scope of Work / Project Timeline</p> <p align="center"><small>All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.</small></p>
	<p>Provide a brief scope of work which clearly describes how grant funds will be spent. (This should be more specific than the project description)</p>
	<p>Describe all planned maintenance (grant funded or other) if this project is funded.</p>
	<p>What is the duration of this project? (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years</p>
	<p>Is this a continuing project from previous year/s? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Provide a timeline for the project</p>

5	<p align="center">Interagency Collaboration</p>
	<p>Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).</p>
	<p align="center">Community Wildfire Protection Plan (CWPP)</p>
	<p>Was this community assessed in the statewide Wildfire Risk/Hazard Assessment Project? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no</p>
	<p>If so what was the hazard rating?</p>
	<p>If no, does it have a Community Wildfire Protection Plan? Check one <input type="checkbox"/> yes <input type="checkbox"/> no</p>

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input type="checkbox"/>			
	Number of acres to be treated:		Estimated cost per acre:	
	Number of communities directly affected by this project:			
	Information & Education <input type="checkbox"/>			
	Number of citizens to be reached:			
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:		Implementation / Treatment:	
Homeowner / Community Action:		Monitoring / Evaluation:		
Information / Education:				

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution. Please DO NOT show grant requested funds in this table. This is for matching share only.							
	Contributors: (Please specify)							TOTAL
	Dollars (Hard Match):	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0
	In-Kind (Soft Match):	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0
TOTAL:		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$0	\$0	\$0	\$ 0
	Operating:	\$0	\$0	\$0	\$ 0
	Travel:	\$0	\$0	\$0	\$ 0
	Contractual Services:	\$0	\$0	\$0	\$ 0
	Equipment:	\$0	\$0	\$0	\$ 0
	Indirect Costs:	\$0	\$0	\$0	\$ 0
TOTAL:		\$ 0	\$ 0	\$ 0	\$ 0

9	Signature Block	
	Authorized Signature	Title
	Date	

With this application- Provide a 7.5° map, and area map, and a state map with the project site clearly identified on each map.